

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

BAN et al.

Application Number: 10/078,475

Filed: February 21, 2002

**For: HEALTH MANAGEMENT SUPPORT METHOD,
SYSTEM AND HEALTHY LIFE EXPECTANCY
PREDICTION DATA GENERATION METHOD AND
SYSTEM**

Attorney Docket No. HITA.0173



Art Unit 3626

Examiner M. Tomaszewski

**Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	18	19	XXX (Over 20)	x \$50	0
Independent Claims	2	2	XXX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

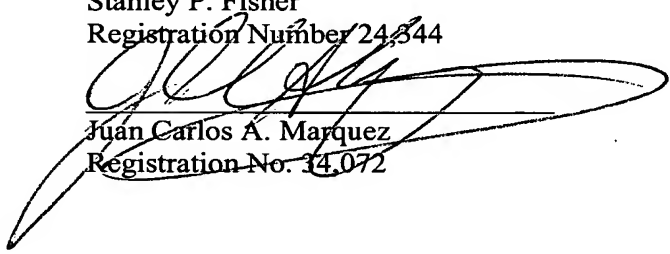
[x] Preliminary Amendment/Response
(with Claim Amendments)
[] Substitute Specification
[] Preliminary Amendment
[] Information Disclosure Statement

[x] Petition for Extension of Time (1 month)
[] Terminal Disclaimer
[] Letter to Draftsperson w/ __ sheets of
replacement drawings
[x] Request for Continued Examination

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] Checks in the amount of **\$120.00** to cover the one-month extension fee and **\$790.00** to cover the RCE fee are enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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